

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee COMMITTEE TO RE-ELECT JUDGE ROBERT W. ELLIOTT  
CIRCUIT COURT JUDGE, PLACE TWO, THIRD JUDICIAL DISTRICT

Address P. O. BOX 622, RIPLEY, MISS. 38663

Telephone 662-837-8191 Fax 662-837-1109

Treasurer KYLE SMITH Email KSMITH@TPBRIPLEY.COM



☐ Check here if above is different from previous report

## TYPE OF REPORT

May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
XX July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,000.00+\$ 850.00	\$ 1,850.00	\$ 4,650.00
Total amount of disbursements	\$ 325.00+\$ 374.80	\$ 699.80	\$ 953.80
Total amount of cash on hand		\$ 3,696.20	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

7-2-10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Committee to Re-Elect  
Judge Robert W. Elliott,  
Circuit Judge

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Name of Candidate or Committee Circuit Judge

Reporting period 6-1-10 through 6-30-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John P. Fox</u>		<u>6/9/10</u>	\$ <u>500.00</u>
Mailing Address <u>Fox Law Firm P.O. Box 167</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Houston Ms 38851</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>Fox Law Firm</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>Attorney at Law</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gay W. Mitchell, III</u>		<u>6/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 7120</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Tupelo Ms 38802</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>Attorney</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> <u>   </u> <u>   </u>	\$
Mailing Address		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> <u>   </u> <u>   </u>	\$
Mailing Address		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_  
Reporting period 6-1-10 through 6-30-10

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Northwest Miss. Daily Journal	6/23/10	\$ 325 <sup>00</sup>
Mailing Address		
1655 So. Green Street		
City, State, Zip Code		
Tupelo, MS 38801		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 325 <sup>00</sup>
Advertising		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$